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FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15178

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Carroll</u> <u>Egypt.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll</u> <u>17</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Egypt.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne, Mo. RR. # 3.</u>	
c. LENGTH OF STAY (in this place) <u>4 Years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Norborne, Mo. RR. # 3.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>May.</u> c. (Last) <u>Rollins.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1949</u>			
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 2, 1880.</u>	9. AGE (In years last birthday) <u>69.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Work Around Home.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Fort Scott, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>George Rollins</u>	13b. MOTHER'S MAIDEN NAME <u>Margaretta Arnett.</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war and date of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leon Albert Rollins</u>	ADDRESS <u>Norborne Mo #3</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>334X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1949, to 4-30, 1949, that I last saw the deceased alive on 4-30, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. C. Cole, M.D.</u>	23b. ADDRESS <u>Norborne Mo</u>	23c. DATE SIGNED <u>5-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. &amp; Burial.</u>	24b. DATE <u>May 3, 1949.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oaklin Methodist</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 2<sup>nd</sup> 1949</u>	REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	44	FUNERAL DIRECTOR'S SIGNATURE <u>John S. Blitch Sr</u>	ADDRESS <u>Norborne Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-20-79

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by MU

and Student Embalmer

Student Embalmer No. 322

working under my personal supervision.

Student John Peitch Jr  
Student Embalmer

Signed

John G. Ditch  
Licensed Embalmer No. 3654

P. O. Address Marbone Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.